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COLD STORAGE.

COURT DECIDES THAT THE NEW YORK LAW PROHIBITING THE COLD STORAGE OF FOODSTUFFS FOR MORE THAN 10 MONTHS IS NOT A PUBLIC-HEALTH MEASURE.

Section 337 of the New York Public Health Law¹ prohibits the storage of foodstuffs in cold-storage warehouses for more than 10 months. This law was upheld by the appellate division, first department, of the New York Supreme Court.² The City Court of Buffalo, however, has decided that the section is unconstitutional, holding that its purpose and effect are not to protect the public health but to prevent the owners of foodstuffs from holding them for long periods to force up prices. (See p. 2235 of this issue of Public Health Reports.)

POLIOMYELITIS IN NEW YORK CITY.

The epidemic of poliomyelitis (infantile paralysis) now prevailing in New York City began in the Borough of Brooklyn on May 9, 1916, 20 cases appearing between that time and the end of the month. Only 2 of these cases were reported to the health department during the month of May, the first group of cases of sufficient size to attract attention being reported on June 8. The investigation, started as a result of these reports, disclosed the presence of a considerable number of cases in Brooklyn, and on June 17 it was recognized and announced in the public press that the disease was unduly prevalent. The number of cases reported from Brooklyn increased rapidly during the month of June and on July 11 reached a maximum of 151 reported cases. The number of cases reported from Brooklyn began to decrease rapidly following the high peak of July 11, and on July 21 reached a low point of 36 reported cases. The number of cases again

¹ Reprint from the Public Health Reports No. 279, p. 132.

² Public Health Reports, Oct. 8, 1915, p. 3042; reprint No. 342, p. 119.

began to increase, however, and has ranged around a daily total of approximately 70 cases per day since that time.

The number of cases in Manhattan Borough, which had remained low during June, began to increase in the early days of July and has continued to increase up to the time of this report, a maximum of 76 cases being reported on August 3. The cases reported from Manhattan averaged approximately 50 per day during the week ending August 5.

Richmond Borough, though the smallest of the boroughs of the city, and in some respects farthest removed from direct connection with the rest of the city, has up to this time, in proportion to population, shown the highest incidence of the disease of any borough of the city. In Richmond the number of reported cases has begun to show a marked decline, however, indicating that the epidemic there has perhaps definitely passed its crest.

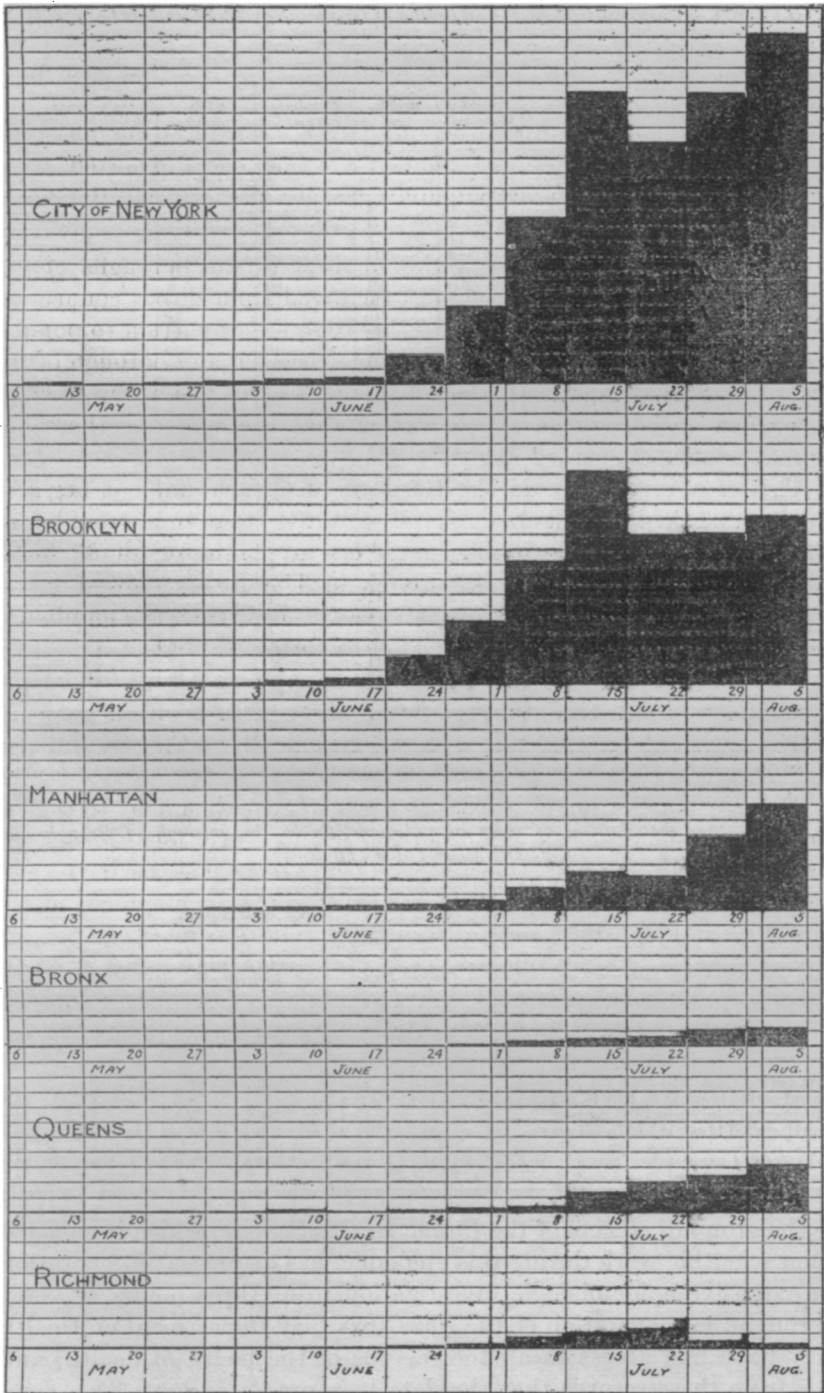
The number of cases in the Borough of Queens did not begin to increase markedly until about July 1, but after that time cases began to be reported in considerable numbers, a maximum of 35 being reported on August 6. The Borough of The Bronx showed only a small number of cases until the last week of July when the number of cases began to increase, 19 cases being reported on August 6.

The mortality for the epidemic is the highest on record for a large epidemic of this disease, the case fatality rate being about 22 per cent.

The march of the epidemic is shown graphically in Chart I and also in Table 1.

The age distribution of the cases, while in general similar to that of previous epidemics, has exhibited interesting variations during the progress of the epidemic, the tendency being to an increase in the percentage of cases in the higher age groups with the development of the epidemic, followed by a return toward the initial proportions later in the epidemic. This is illustrated in accompanying Table 2 which gives a provisional analysis of approximately 2,000 cases first reported in Brooklyn. Similar variations apparently are to be observed in the other boroughs.

While the outbreak started apparently in an Italian quarter of the city, and Italians largely predominated in the early reported cases, in the subsequent course of the epidemic the racial distribution of the cases has varied with the population of the quarter most heavily infected, and so far no race has shown marked susceptibility or immunity to the infection.



CHART, I. - POLIOMYELITIS. REPORT OF CASES BY WEEKS. CITY OF NEW YORK AND BOROUGHES.
U.S. PUBLIC HEALTH SERVICE

TABLE 1.—*Poliomyelitis cases and deaths in Greater New York and its boroughs.*

CASES.

Week ended—	Total for the city.	Brooklyn.	Manhattan.	Richmond.	Queens.	Bronx.
May 13.....	1		1			
20.....						
27.....	1	1				
June 3.....	2	1	1			
10.....	11	8	2		1	
17.....	15	11	4			
24.....	97	90	5	1	1	
July 1.....	269	221	30	8	7	3
8.....	557	419	73	38	11	16
15.....	979	710	127	48	70	24
22.....	795	494	117	60	98	26
29.....	962	497	246	39	128	52
Aug. 5.....	1,162	561	350	36	161	54
Total.....	4,851	3,013	956	230	477	175

DEATHS.¹

May 13.....						
20.....						
27.....						
June 3.....						
10.....	2	1	1			
17.....	3	3				
24.....	12	11	1			
July 1.....	60	51	7	1		
8.....	125	105	7	4	6	1
15.....	164	105	31	6	18	4
22.....	189	111	31	12	28	7
29.....	237	117	56	10	31	23
Aug. 5.....	273	153	68	2	44	6
Total.....	1,065	657	202	35	127	44

¹ Deaths are reported from the borough in which the patient died and not from the borough in which the case originated.

TABLE 2.—*Age distribution of cases of poliomyelitis in the borough of Brooklyn at different periods of the epidemic.*

Time of onset.	Age distribution.					
	Under 1 year.		1 to 5 years, inclusive.		Over 5 years.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
First period (May 9 to June 27), 504 cases..	63	12.5	409	81.1	32	6.4
Second period (June 28 to July 7), 618 cases.	58	9.4	487	78.6	73	15.0
Third period (July 8 to 17), 525 cases.....	55	10.4	396	75.5	74	14.0
Fourth period (July 18 to 27), 337 cases.....	33	11.2	276	82.0	23	6.8
Total, 1,984 cases.....	214	10.8	1,568	77.9	202	10.3

The group of officers of the Public Health Service, which is engaged upon scientific work during this epidemic, has at present in operation an extensive epidemiologic investigation from three points of view. Through the cooperation of the New York City Department of Health they have had access to all the records of the board of health, and it is from these records that the data here presented have been compiled by Epidemiologist A. W. Freeman, of the United States Public

Health Service. From the data which are being collected in this way it is expected to make an extensive study of the epidemic in New York City. In addition to this, they have undertaken an intensive study of one borough of the city of New York, the borough of Richmond, which includes the whole of Staten Island. This particular borough offers an excellent opportunity for study of this character and will, it is hoped, give a good cross-section view of the epidemic.

Epidemiologic studies have also been undertaken in States surrounding New York City, more especially, New Jersey, New York, Connecticut, Rhode Island, and Massachusetts. Through the co-operation of the State boards of health of these various States, the Public Health Service hopes to obtain data which will give some idea of the relation of outbreaks of the disease in these States to the epidemic in the city of New York. And, moreover, opportunities will doubtless be offered in these States for studies of small localized outbreaks in rural communities. Such outbreaks offer unusually favorable opportunities for this character of work.

DIAGNOSIS OF PLAGUE IN RATS.

THE ADVISABILITY OF MAKING ROUTINE MICROSCOPIC EXAMINATIONS OF RATS, SUPPLEMENTARY TO THE MACROSCOPIC EXAMINATION.

By C. L. WILLIAMS, Passed Assistant Surgeon, United States Public Health Service.

In 1906 the English Plague Commission in India definitely and finally established the relation between rodent and human plague.

Among the many details to which they gave exhaustive study was that of a standard for diagnosing plague in rats. As set forth by these workers the presence of plague infection is variously indicated by certain definite post-mortem signs which may occur singly or in different combinations.

The gross lesions which these investigators considered typical of plague infection in rats were: Subcutaneous injection, pleural effusion, bubo, and granular liver.

They likewise decided that it was the combination of two or more of these signs that made for a provisional diagnosis of plague infection.

Having thoroughly established the naked-eye appearance of acute or subacute plague in rats the commission next made comparative studies as to the relative merits of the macroscopic in contrast to the microscopic method for determining plague rats at necropsy.

For this purpose a definite series of rats was simultaneously examined by two groups of workers, one group making their diagnoses from the naked-eye appearance of the rodent carcass, the other